As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ARBITRARILY FOCUSED IMAGE SYNTHESIZING APPARATUS AND MULTI-IMAGE SIMULTANEOUS CAPTURING CAMERA FOR USE THEREIN

described and claimed in the specification:

_	Freck one	attached h	nereto.				Tec		
ء	PLEF	filed on	as Application	and amended on _		(if applicable).	hnolo	APR	五
•	Phereby	y state that	I have reviewed and	l understand the conte	nts of the above i	dentified specification,	including the elaim	3. as s, as	
amended by any amendment referred to above. **KOFF Packnowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Till 37, Code of Federal Regulations, § 1.56.									YE.
Under Title 35, U.S. Code § 119, the priority benefits of the following foreign application(s) and/or United States servisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:									U

U.S. Provisional Application No. 60/211,087, filed on June 13, 2000. Japanese Patent Application No. 2000-028436 filed on February 4, 2000

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;

Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;

Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;

Mario A. Costantino, Reg. No. 33,565; and Stephen J. Roe, Registration No. 34,463.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Typewritten Full Name						
of First or Sole Inventor	- <u> </u>	Kiyoharu		AIZAWA		
	Give	en Name	Middle Initial	Family Name		
* * Inventor's Signature	:	Kun	Sizau	<u> </u>		
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^{*}If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

^{* *}Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

RATION FORM	4
ventor application)	•

of Second Joint Inventor	r (if any) Akira		KUBOTA
or become some miveness	Given Name	Middle Initial	Family Name
* * Inventor's Signature	$\Delta \ell$.	made man	Cubota
**Date of Signature:	Jan.	22	200/
Date of Signature.	Month	Day	Year
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Gui li i	•	State of 1 formice	Country
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of Third Joint Inventor			TSUBAKI
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Typewritten Full Name		, oo10, oupan	
of Fourth Joint Invento	r (if any)Conny	R.	GUNADI
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of Fifth Joint Inventor ((if any)		
	Given Name	Middle Initial	Family Name
* * Inventor's Signature	: <u> </u>		
**Date of Signature:			
	Month	Day	Year
Residence:			
	City	State or Province	Country
Citizenship :	<u> </u>		
<u>-</u>	Post Office Address:		
	(Insert complete		
	mailing address,		
	including country)		
	,		

This form may be executed only when attached to the first Page of the Declaration and Power of Attorney form of the application to which it pertains.

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.